

CERTIFICATE NO: _____

**ASSUMED NAME RECORDS
CERTIFICATE OF OWNERSHIP FOR UNINCORPORATED BUSINESS OR PROFESSION**

(PRINT OR TYPE NAME OF BUSINESS)

BUSINESS ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE _____

PERIOD WHICH ASSUMED BUSINESS NAME WILL BE USED: _____ TO _____

INDICATE BEGINNING DATE & EXPIRATION DATE (NOT TO EXCEED 10 YEARS)
NOTICE (Certificate of Ownership" are valid only for a period not to exceed 10 years from date
filed in County Clerk's Office (Chapter 36, Sec. 1, Title 4, Business & Commercial Code.

BUSINESS IS TO BE CONDUCTED AS:
_____SOLE PROPRIETORSHIP_____CORPORATION_____LIMITED LIABILITY COMPANY
_____GENERAL PARTNERSHIPS_____LIMITED PATNERSHIP_____REGISTERED LIMITED
LIABILITY PARTNERSHIP_____OTHER

County or counties within the State of Texas where the business or professional services are
being or are to be conducted or rendered under said assumed name:

.....
CERTIFICATE OF OWNERSHIP

I, We, the undersigned, are the owner ___ of the above business and my/our name and address
given is/are true and correct, and there is/are no ownership(s) in said business other than
those listed herein below:

NAME OF OWNERS

NAME _____ SIGNATURE _____

RESIDENCE ADDRESS _____

NAME _____ SIGNATURE _____

RESIDENCE ADDRESS _____

NAME _____ SIGNATURE _____

RESIDENCE ADDRESS _____

ELVARAY B. SILVAS, BROOKS COUNTY CLERK

BY: _____, DEPUTY



Certificate of Acknowledgement

State of Texas
County of _____

On this _____ day of _____, 20____, before me, _____,

Personally appeared:

personally known to me

--or--

proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she /they executed the same in his/her/their authorized capacity (ies), and that by his/her/their signature(s) on the instrument the person(s) or the entity upon behalf of which the person(s) acted, executed the instrument

Witness my hand and official seal

(seal)

Notary Signature